



# Missouri Department of Conservation

*Headquarters*

2901 West Truman Boulevard, P.O. Box 180, Jefferson City, Missouri 65102-0180  
Telephone: 573-751-4115 ▲ [www.MissouriConservation.org](http://www.MissouriConservation.org)

## Volunteer Fire Assistance Matching Funds Grant

If you are no longer the chief of this Fire Department please forward this application to the current fire chief.

Dear Fire Department Cooperator:

It is time for the application process to begin for Fire Departments who would like to apply for Volunteer Fire Assistance Matching Grant Funds. The application form is enclosed. In order to be eligible for funding, applications must be submitted to the Forestry Division and/or post marked by **Friday, October 30, 2015**. Please make a copy of the completed application for your records before sending. You will be notified as to the disposition of your application no later than December 31, 2015. Checks in the amount of 50% of the approved and invoiced purchases will be delivered during July and August 2016 to successful grant applicants.

### **Guidelines for the Volunteer Fire Assistance Matching Funds Program are as follows:**

1. To **organize, train** and **equip** fire protection units in **rural** areas for the purpose of saving lives, protecting property and suppressing wildland fires.
2. Grant funding will be awarded for 50% of approved purchases with a maximum reimbursement of \$3,000 and a minimum of \$250. This means that if approved, your department must spend \$6,000 to receive the \$3,000 maximum, and \$500 must be spent in order to receive the \$250 minimum. Local funds must be available when application is made.
3. Fire departments which have a complete and MDC approved Community Wildfire Protection Plan (CWPP) will be eligible for an additional \$1,000. Grant funding will be awarded as stated in item 2 above, but the maximum reimbursement will be \$4,000 (fire department must spend \$8,000 to receive \$4,000 reimbursement).

*Note: To be eligible, fire departments must include a copy of their MDC approved CWPP containing all approving signatures along with the grant application.*

4. Award letter for fire departments receiving funds will be sent out by the end of December 2015. Reimbursement shall not be made for purchases made prior to the date of the award letter.
5. Only communities or protection areas with populations of 10,000 or less with a current Mutual Aid Agreement with Missouri Department of Conservation (MDC), Forestry Division, are eligible.
6. Communities imposing strict boundary limits, such as a city limit boundary, which exclude rural residences, will not be considered.
7. Grants will be evaluated based on information submitted on the application. Information which is incomplete or illegible will result in a lower ranking of the application. False or incorrect information will void your application.

8. Applications **will not** be considered for the following:
  - a. Repair or construction of buildings
  - b. Land acquisition
  - c. Water lines and wet hydrants (dry hydrants will be considered)
  - d. Any operational expenses such as insurance, vehicle or building repairs, extended warranties or service packages, utility bills, petroleum products or foam.
  - e. Vehicle, trailer, ATV or UTV purchases.
9. Highest priority will be given to those fire departments filling needs for wildland personal protective equipment and communications equipment. Past cooperation in reporting wildfire suppression activities of the fire department to MDC is also considered when awarding grants. Contact Ben Webster, Fire Program Supervisor, at 573-522-4115 ext. 3113 for specific questions on eligible items.
10. **All** items on the PROJECT APPLICATION must be completed in order for your request to be given full consideration.
11. Application for funds **must** be made on the forms entitled "PROJECT APPLICATION Missouri Department of Conservation and Volunteer Fire Assistance Matching Funds" as provided by the Missouri Department of Conservation, Forestry Division. Submit **one** application per department or protection district. If multiple applications are sent, the first one received will be considered. **DO NOT SUBMIT APPLICATIONS FOR SEPARATE STATIONS OR UNITS.** This application may list all the needs of the department.
12. Make one copy of the application for your records and send the application, properly signed and dated, including all zip and area codes to:

**Mail:**

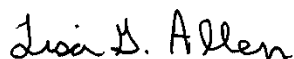
**VFA Fire Grant Applications**  
**Missouri Department of Conservation**  
**Attn: Forestry Division**  
**PO Box 180**  
**Jefferson City, MO 65102-0180**

**Fax: 573-526-6670**  
**Attn: Ben Webster/Sarah Crocker**

**Email: [Ben.Webster@mdc.mo.gov](mailto:Ben.Webster@mdc.mo.gov)**  
**[Sarah.Crocker@mdc.mo.gov](mailto:Sarah.Crocker@mdc.mo.gov)**

If more space is needed on the application form to adequately answer the questions, please attach additional pages. **Applications must be emailed, faxed or scanned by close of business on Friday, October 30, 2015. If you mail your application, it must be post marked by Friday, October 30, 2015. Applications received after this deadline or with post marks after this deadline will not be eligible for funding.**

Sincerely,



Lisa Allen  
State Forester

Enclosures



# VFA PROJECT APPLICATION

Missouri Department of Conservation  
and  
Volunteer Fire Assistance Provided by the US Forest Service

(Please type or print all information)

Applications **MUST** be post marked no later than

**Friday, October 30, 2015**

If faxed, emailed or hand delivered, applications must be received by  
the Forestry Division **by 5:00 PM, Friday, October 30, 2015.**

Your fire department's protection area must have a population of 10,000 or less and your fire department must have a Mutual Aid Agreement, **signed by the current Chief**, on file with the Missouri Department of Conservation in order to be eligible for a Matching Funds Grant.

**\*Grants will be awarded for 50% of approved purchases up to \$6,000** (maximum of \$3,000 reimbursed by grant funds).

**\*Grants will be awarded for 50% of approved purchases up to \$8,000** (maximum of \$4,000 reimbursed by grant funds) **for fire departments which have an approved Community Wildfire Protection Plan (CWPP).** *Must include a copy of the MDC approved CWPP.*

Date of Request: \_\_\_\_\_ County: \_\_\_\_\_ Total Project Cost \$ \_\_\_\_\_  
Grand Total on Request List

Name of requesting organization or fire department: \_\_\_\_\_  
Use the same name as it appears on the Mutual Aid Agreement

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

**\*You must provide a valid contact phone number and it must remain valid throughout the grant process.**

1. What is the population of your fire department's primary response area? \_\_\_\_\_

2. Indicate the type of fire organization that is most correct. Is your department? *(Check one only)*

☐ Tax Supported ☐ Membership Supported ☐ Donation Supported

3. Does your department provide any protection for State or Federal Lands? *(Check one)* Yes \_\_\_\_\_ No \_\_\_\_\_

State Land Acres Protected \_\_\_\_\_ Federal Land Acres Protected \_\_\_\_\_

4. How many Wildfire reports has your department submitted to MDC in Calendar Year 2015?

*\*Reports must be entered into the MDC Online Fire Reporting System.*

# of Reports \_\_\_\_\_

5. Does your department submit **timely** reports of all wildfires to MDC? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*Reports must be entered into the MDC Online Fire Reporting System within 30 days after the incident.*

6. Has your department received MDC matching funds for any of the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? (Check all that apply) 2013 \_\_\_\_\_ 2014 \_\_\_\_\_ 2015 \_\_\_\_\_

7. What is your department's current annual budget, including all sources of income?  
 \*Must include a copy of the fire department's annual budget report Annual Budget \$ \_\_\_\_\_  
 or other documents to verify this figure.
8. How many stations does your department have? Number of Stations: \_\_\_\_\_
9. Has your department received any federal grant assistance in the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, when? (Check all that apply) 2013 \_\_\_\_\_ 2014 \_\_\_\_\_ 2015 \_\_\_\_\_
10. Is your department's protection area covered by a Community Wildfire Protection Plan (CWPP)?  
 \*If yes, a copy of your fire department's CWPP must be included with this application. Yes \_\_\_\_\_ No \_\_\_\_\_

### Certifications & Assurances:

I, \_\_\_\_\_, certify that the statements below are true and that all members of the board of directors/commission/city council are aware of these requirements:

I certify that the department complies with all federal statutes relating to non-discrimination. The department does not discriminate on the basis of race, color, or national origin, handicaps, age, and drug or alcohol abuse and will maintain confidentiality of treatment records. I also certify that the department will comply with the Wild and Scenic Rivers Act of the Department 9/68. I also certify that I am not now nor have been debarred; declared ineligible or voluntarily excluded from doing business with the federal government and that no one in the decision making position has within a three year period, proceeding this date, been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public transaction or contract in violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or otherwise criminally charged or indicted by a government entity. That I have not, in the last three years, had one or more transactions (Federal, State or Local) terminated for causes or default. I certify that the department operates as a drug free work place under 45CFR Part 76 and will provide a copy of the same to all employees engaged in the performance of this grant. I also certify that the above statements are true and accurate to the best of my knowledge. (Any false or incorrect information will void the application.)

*"The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer."*

**FIRE DEPARTMENT NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Name Printed:** \_\_\_\_\_

**Title (circle one):** Chief Board President Mayor Other (specify) \_\_\_\_\_

# EQUIPMENT PURCHASE REQUEST LIST

*Priority will be given to Communications and Wildland Fire PPE and Equipment*

**\*\* DO NOT SPECIFY BRAND NAMES OR SPECIFIC MODELS FOR THE EQUIPMENT YOU WISH TO PURCHASE\*\***

**\*\*IF AWARDED FUNDING, YOU MUST PURCHASE EXACTLY WHAT IS ASKED FOR IN REQUEST LIST BELOW\*\***

	Equipment	Description	Equipment Requested	\$ per each	Qty	Total \$
COM	Communications	<i>Base Station Mobile Portable Pagers</i>				
DHY	Dry Hydrant Kits	<i>Hydrant Pipe, Strainer</i>				
WHT	Wildland Handtools	<i>Brooms, Rakes Flappers Back Pack Pump Drip torch</i>				
WLH	Wildland Hose	<i>Hose Hose Reels</i>				
WLN	Wildland Water Delivery	<i>Hose Adapters Valves, Nozzles Foam Pack</i>				
WPP	Wildland PPE	<i>Nomex Shirts Nomex Pants Helmets Gloves, Goggles Fire Shelters, Etc.</i>				
WPT	Wildland Power Tools	<i>Chainsaws Leafblowers</i>				
WPU	Wildland Pumps	<i>All Types</i>				
WSI	Wildland Water Units	<i>Slip-in or Permanent</i>				
WSU	Wildland Support Equipment	<i>GPS Units Weather Instr.</i>				
WTA	Water Tanks	<i>Vehicle Collapsible Permanent</i>				

	Equipment	Description	Equipment Requested	\$ per each	Qty	Total \$
WFT	Development of FEEP / FFP Vehicles	<i>Development of FEEP / FFP Vehicles</i>				

	Equipment	Description	Equipment Requested	\$ per each	Qty	Total \$
SAF	Safety	<i>Light Bars Flash Lights Sirens</i>				
SHT	Structural Handtools	<i>Hooligan Axes, Pike Poles Ladders</i>				
SPU	Structural Pumps	<i>All Types</i>				
STH	Structural Hose	<i>Hoses and Reels</i>				
STD	Structural Water Delivery	<i>Hose Adapters Valves, Nozzles Foam Packs</i>				
SPT	Structural Power Tools	<i>Saws, Vent Fans, Etc.</i>				
STP	Structural PPE	<i>Bunker Gear Coats/Pants Helmets, Boots</i>				

Equipment Request Grand Total \_\_\_\_\_

*Please use this figure as Total Project Cost on Page 1*

# **WILDLAND FIRE REPORTING**

## **Missouri Department of Conservation Wants Your Wildland Fire Reports**

Cooperation in wildfire reporting is considered when awarding VFA matching funds grants. It also affects your ability to obtain FEPP (Federal Excess Personal Property) and FFP (Fire Fighter Property).

To request a user account or submit a wildland fire report, go to:

<http://mdc4.mdc.mo.gov/applications/FireReporting/Report.aspx>

If you have questions or need assistance, please call: 573-522-4115 ext. 3113.

\*MDC does not use data entered into the NFIRS database.\*

